



2812

**COPY OF PAPERS  
ORIGINALLY FILED**

PTO/SB/21 (6-98)

Please type a plus sign (+) inside this box → ☐

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/043,946
	Filing Date	01/11/2002
	First Named Inventor	Jong Sik Paek
	Group Art Unit	2812
	Examiner Name	Simkovic, Viktor
Total Number of Pages in This Submission	Attorney Docket Number	AMKOR-017A

RECEIVED  
AUG 23 2002  
TECHNOLOGY CENTER 2800

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69 and Accompanying Petition) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Return receipt postcard
REMARKS:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Mark B. Garred STETINA BRUNDA GARRED & BRUCKER
Signature	
Date	8/8/02

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 8/8/02			
Typed or printed name	Kristin West		
Signature		Date	8/8/02



ATTORNEY DOCKET: AMKOR-017A

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

- ☒ I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231
- ☐ I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail No. \_\_\_\_ addressed to:  
Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

on August 8, 2002  
(Date)

*Kristin West*

Signature

Kristin West

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Certificate of Mailing;
2. Transmittal;
3. Amendment (4 pages); and
4. Return Receipt Postcard

RECEIVED  
AUG 23 2002  
TECHNOLOGY CENTER 2800